

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539016

FILING DATE

APPLICANT(S),

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
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19		0		1		
20		0		1		
21	1		1			
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27	1		1			
28		1		1		
29		2		1		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34		0		1		
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36		0		1		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	38	←	35	←		←
TOTAL CLAIMS	42		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						